

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. <u>104</u>	
1. PLACE OF DEATH		County <u>Graham</u>		State <u>ARIZONA</u>		Registered No. <u>104</u>	
Township <u>Safford</u>		City <u>Safford</u>		No. <u>104</u>		Ward <u>104</u>	
Length of residence in city or town where death occurred <u>27</u> yrs. <u>27</u> mos. <u>27</u> ds.		How long in U. S. <u>27</u> yrs. <u>27</u> mos. <u>27</u> ds.		How long in State where death occurred? <u>27</u> yrs. <u>27</u> mos. <u>27</u> ds.			
2. FULL NAME <u>Merrill Kempton</u>		(a) Residence: No. <u>Safford</u> <u>Ariz</u>		St. <u>Ariz</u>		Ward <u>104</u>	
		(Usual place of abode)		(If non-resident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>					
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>							
6. DATE OF BIRTH (month, day, and year) <u>Nov 21-38</u>							
7. AGE Years Months Days <u>27</u> If LESS than 1 day, hrs. or min. <u>None</u>							
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>						
	10. Date deceased last worked at this occupation (month and year) <u>None</u>						
11. Total time (years) spent in this occupation <u>None</u>							
12. BIRTHPLACE (city or town) <u>Safford</u> (State or Country) <u>Ariz</u>							
FATHER	13. NAME <u>Merrill Kempton</u>						
	14. BIRTHPLACE (city or town) <u>Safford</u> (State or Country) <u>Ariz</u>						
MOTHER	15. MAIDEN NAME <u>Lucy Mae Lee</u>						
	16. BIRTHPLACE (city or town) <u>Pima</u> (State or Country) <u>Ariz</u>						
17. INFORMANT (Address) <u>Merrill Kempton</u> <u>Safford</u> <u>Ariz</u>							
18. BURIAL, CREMATION, OR REMOVAL. Place <u>Safford</u> <u>Ariz</u> Date <u>Dec 18, 1938</u>							
19. EMBALMER License No. <u>None</u> Signature <u>N. C. Pearson</u> FUNERAL DIRECTOR Address <u>Safford</u> <u>Ariz</u>							
20. Filed <u>Jan-19</u> <u>1939</u> Registrar <u>W. E. Thompson</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Nov 18, 1938</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 21-38</u> , 19 <u>38</u> to <u>Dec 18</u> , 19 <u>38</u>							
I last saw <u>her</u> alive on <u>Dec 18</u> , 19 <u>38</u> ; death is said to have occurred on the date stated above, at <u>2-15 A.M.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Congenital Heart</u>							
<u>Coronary Artery</u>							
Other contributory causes of importance: <u>Chronic Arteriosclerosis</u>							
Name of operation <u>None</u> Date of <u>None</u>							
What test confirmed diagnosis? <u>Cholesterol</u> Was there an autopsy? <u>No</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>38</u>							
Where did injury occur? <u>None</u> (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place. <u>None</u>							
Manner of injury <u>None</u>							
Nature of injury <u>None</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>None</u>							
If so, specify <u>None</u>							
(Signed) <u>W. E. Thompson</u> M. D.							
(Address) <u>Safford</u> <u>Ariz</u>							